

Credit Card Authorization Form

Name of Cardholder (as shown on card): _____

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Tel: _____ Fax: _____

Please indicate if using a Debit Card

Card Type:
(Check One)

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Visa		Mastercard		Amex		Discover

Card Number: _____

Expiration Date: _____ (mm/yyyy) Card Verification # (CVN): _____

For Visa, MC and Discover the CVN is the 3-digit number found on the back of your card.

For Amex, the CVN is the 4-digit number found on the front of your card.



*Estimated Amount of Charges: \$ _____

*Includes Acknowledgement, Freight and Applicable Taxes , 10% + or – over-run or under-run.

I hereby authorize the above card to be charged for the services provided by Imprimus. I further understand, that the amount indicated above is an *Estimate. FINAL CHARGES will be charged accordingly upon shipment of order. Price may differ from *Estimate.

Signature of Cardholder

Date